Revision:	HCFA-PM-DECEMBE	R 1991	(MB) ississipp	oi		ATTACHMENT 2.2-A Page 11a OMB NO.: 0938-
Agency*	Citation(s)			Groups Covered		
IV-A Division of Medicaid	В.	Optional Groups Other Than the Medically Needy (Continued)				
1902(a)(10) (A)(ii)(VII) of the Act		11	5.	Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(0) of the Act.		
				//		State covers all individuals as ibed above.
				11		State covers only the following o or groups of individuals:
				of		Aged Blind Disabled Individuals under the age

*Agency that determined eligibility for coverage

Approval Date: 05/03/05 Effective Date: <u>05/01/05</u> TN No.: <u>05-006</u>

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